

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 99330 Office of Registrar of Vital Statistics, Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Saturday April 15<sup>th</sup> 1887  
Full Name of Deceased, Katie Herman { Write legibly and spell correctly. If an Infant not named, give names of parents. }  
Sex, Male or Female, Female { Cross out the word not required in this line. }  
Age, 2 Years, 5 Months,  Days.  
Color, white  
Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }  
Occupation,   
Birth Place, Baltimore Md { State or country, and how long in the United States, if of foreign birth. }  
Duration of Residence in the City of Baltimore, Life time  
Place of Death, 13 Valley St. { Give Street and Number. }  
Cause of Death, Empyema with Tubercular infiltration of lung { First (Primary), Second (Immediate), }  
Duration of Last Sickness, (3) months

All the above information should be furnished by the Physician.

Place of Burial, Healy Cross  
Date of Burial, April 19<sup>th</sup>  
{ Undertaker, H. C. Wiedefeld Lickner Prinitia M. D.   
Place of Business, 916 Greenmount Ave Address, Chase St + Forest Place   
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.  
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  
[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99331 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie A Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years,        Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 424 East Eager St.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 19<sup>th</sup>

{ Undertaker, H. C. Wiedefeld Edward A. Mann M. D. Medical Attendant.

{ Place of Business, 916. Penn. St. Address,       

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99332 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Monday Feb 18<sup>th</sup> 87.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brown  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 26 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, Prostitute  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore  
Duration of Residence in the City of Baltimore, Lifetime  
Place of Death, { Give Street and Number. } 361 North St  
Cause of Death, { First (Primary), Second (Immediate), } Intoxication  
Cerebral Apoplexy  
two days  
Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cem  
Date of Burial, April 19<sup>th</sup> 1887  
{ Undertaker, John J. Andrews } Medical Attendant. M. D.  
{ Place of Business, No 407 Grand View Ave } Address, Carroll & Hubbard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  
[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 99333 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18, 1887

Full Name of Deceased, Lizzie Batzer {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female or Male, {Cross out the word not required in this line.}

Age, 22 Years, 2 Months, 13 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 307 E. Pleasant St.

Cause of Death, {First (Primary), Albuminuria  
Second (Immediate), Uræmia}

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, Apr 20 1887

{Undertaker, Henry Koepke M. D.

{Place of Business, 1823 N. Centre Ave Address, 815 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

99334

Office of Registrar of Vital Statistics.

Ward

4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 7, 1887.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Maria P. Chairs

Sex, Male or Female,

Cross out the word not required in this line.

Age,

47

Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Housewife.

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore City.

Duration of Residence in the City of Baltimore,

Seven Years.

Place of Death,

Give Street and Number.

102 N Eden St.

Cause of Death,

First (Primary),

Second (Immediate),

Aortic regurgitation,

Exhaustion

Duration of Last Sickness,

Six weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

April 20/87

Undertaker,

W. A. Saperstein

M. D.

Place of Business,

309 N Eden St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99335 Office of Registrar of Vital Statistics. Ward 13<sup>0</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Cavanaugh.  
Cavanaugh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 9 Months,  Days

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, School boy.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } 89 Boyd St. City.

Cause of Death, { First (Primary), Second (Immediate), } Mental Insufficiency, with  
Apoplexy.  
Hydrothorax.

Duration of Last Sickness, 1 Week ill yesterday.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Apr. 19/87

Undertaker, J. B. Cook J. B. Williams M. D. Medical Attendant.

Place of Business, 1003 E. Baltimore Address, Foyette + Reade.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 79336 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Stutz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 7 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1832 W Pratt

Cause of Death, { First (Primary), Second (Immediate), } Membranous Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 19, 1887

Undertaker, John P. Paulus

Place of Business, 2009 Fred. Ave. Address, 1701 Hollister

James Brooley M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No.

99337

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 19<sup>th</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edward Cain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ind

Duration of Residence in the City of Baltimore, 5, 13,

Place of Death, {Give Street and Number.} 720 St Peter St

Cause of Death, {First (Primary), Second (Immediate),} Diphtheria Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Christ 66

Date of Burial, April 20<sup>th</sup> 1887

Undertaker, John S. Macher

Place of Business, No 150 Camden Address, 1602 S. P. Church

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99338 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19, 1887 -  
 Full Name of Deceased, Charles Henry Gessner,  
 Sex, Male or Female, Male,  
 Age, 33 Years, 8 Months, — Days.  
 Color, white  
 Married, Single, Widow or Widower, Single  
 Occupation, Driver  
 Birth Place, Baltimore County, Md.  
 Duration of Residence in the City of Baltimore, Seven years  
 Place of Death, No 2003 E Federal Street  
 Cause of Death, Typho. Malarial Fever  
Febris Congestiva Exponosa  
 Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Church Road  
 Date of Burial, April 20<sup>th</sup>  
 Undertaker, Geoschilling  
 Place of Business, 1427 N Gay Street

J. P. Marton M. D.  
 Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



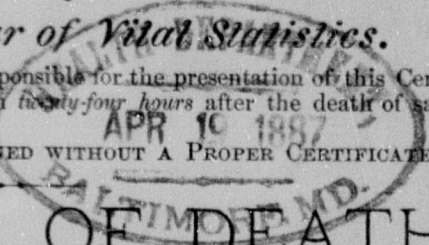
The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99339 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Deborah Davidson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 64 years

Place of Death, { Give Street and Number. } 513 N Central Avenue

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 20<sup>th</sup>

{ Undertaker, Geo Schilling } Samuel H. Powell M. D.  
Medical Attendant.

{ Place of Business, Abland Square } Address, 429 Nisquid St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]